

# Iowa Care for Yourself Program Services Policy

#### SCREENING POLICIES

#### Cervical Services

These guidelines are developed to address cervical cancer screenings in the *CFY* Program general population. Every effort should be made to ensure that women are screened at the recommended intervals. There is little scientific evidence to support annual cervical cancer screening. Education, systems changes and surveillance are methods that should be used to increase the understanding of these *Cervical Cancer Screening Protocal* criteria.

#### **Priority Population**

For cervical cancer screening, efforts should be made to identify and screen women who have not had a Papanicolaou (Pap) screening test in the last five years (rarely screened) or have never had a Pap test.

#### Payment for Pap test Following Hysterectomy:

- IA *CFY* Program funds may pay an initial program pelvic examination to determine whether the woman has a cervix after a hysterectomy has been done; it is reimbursed as part of the office visit.
  - o If a cervix is present (or cervical cuff), IA *CFY* Program funds may pay for a cervical cancer screening following the *Cervical Cancer Screening Protocol*.
  - o If a cervix is not present, IA CFY Program funds may not pay for cervical cancer screening.
- IA *CFY* Program funds may pay for a cervical cancer screening in a woman with complete hysterectomy (no cervix remains), if the participant does not know if the reason for the hysterectomy was cervical cancer (refer to *Cervical Cancer Screening Protocol*).

A woman with an abnormal cervical screening result should receive timely and appropriate diagnostic testing and treatment (as defined by the American Society for Colposcopy and Cervical Pathology algorithms). When recommended follow-up and treatment are completed, the participant may receive Pap tests paid for by the *CFY* Program following the *Cervical Cancer Screening Protocol*.

#### **Exceptions to Cervical Cancer Screening Protocol**

- These guidelines do not address special high-risk populations who may need more intensive or alternative screening. These special populations include women:
  - O With a history of cervical cancer;
  - O Who were exposed while in their mother's uterus to diethylstilbestrol (DES); and
  - Who are immuno-compromised, such as HIV infection or organ transplantation.
- Women who express concern about their cervical health, or indicate changes in gynecological health status to the health care provider, will be reviewed for reimbursement of Pap test services sooner than three (or five) years on a case-by-case basis.
  - O Documentation from the IA *CFY* Program provider of the need for a Pap test earlier than three (or five) years for approval and authorization of reimbursement will need to be provided for this review
    - The Case Management Coordinator will be responsible for the review of the request.

#### **Abbreviations**

ASC-US	Atypical squamous cells of undetermined significance		
ASCCP	American Society for Colposcopy and Cervical Pathology		
HPV	Human papillomavirus		
LSIL	Low-grade squamous intraepithelial lesion		
CIN2	Cervical intraepithelial neoplasia grade 2		
HSIL	High-grade squamous intraepithelial lesion		

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### Recommendations and Rationale for Cervical Cancer Screening Protocol<sup>1</sup>

Population	Recommended Screening Method	Management of Screening Results	Comments
Ages < 21 Years	No cervical screening		HPV testing should not be used for screening or management of ASC-US in this age group.
Ages 21-29 Years	Pap cytology alone every 3 years	HPV-positive ASC-US or Pap cytology of LSIL+ <sup>2</sup> : Refer to ASCCP guidelines.	HPV testing should not be used for screening in this age group.
		Pap cytology negative or HPV-negative ASC-US: Rescreen with Pap cytology in 3 years.	
Ages 30-65 Years	Cotest <sup>3</sup> Screening every 5 years	HPV-positive ASC-US or Pap cytology of LSIL+: Refer to ASCCP guidelines.	Screening by HPV testing alone is not recommended
	<u>Preferred</u>	HPV-positive, Pap cytology negative:	for most clinical settings.
		Option 1: 12-mo follow-up with cotesting Option 2: Test for HPV16 or HPV16/18 genotypes  • If HPV16 or HPV16/18 positive: refer to colposcopy  • If HPV16 or HPV16/18 negative; 12- mo follow-up with cotesting	
		Cotest negative or HPV-negative ASC-US: Rescreen with cotesting in 5 years.	
	Screening with Pap cytology <u>alone</u> every 3 years <u>Acceptable</u>	HPV-positive ASC-US or Pap cytology of LSIL+: Refer to ASCCP guidelines.	
		Pap cytology negative or HPV-negative ASC-US: Rescreen with Pap cytology in 3 years.	
Ages > 65 Years	No screening if the woman has had an adequate negative prior screening history	Consult with health care provider for individualized case-by-case follow-up care (reimbursement of Pap cytology may not be covered by the <i>CFY</i> program).	Women with a history of CIN2/HSIL+ should continue screening every three years for at least 20 years after a period of frequent screening.
After hysterectomy	No screening	Consult with health care provider for individualized case-by-case follow-up care (reimbursement of Pap cytology may not be covered by the <i>CFY</i> Program).	Applies to women who no longer have a cervix and do not have a history of CIN2+ in the past 20 years or cervical cancer ever.

Refer to Services Policy: Cervical Services *Abbreviations* section for definition of abbreviations.

<sup>2</sup> + means Pap test results equal to or more severe than the original pathology of Pap test result listed.

<sup>3</sup> Pap Test + HPV test = "cotest"